Application No.: 09/912,670
Filed: July 23, 2001
TC Art Unit: 1644
Confirmation No.: 6394

Rev 12/04

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Date: May 11, 2005

Via Facsimile
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney
Docket No.: ERIZY-114AX

Sir:

In re application of: Andrew W. Taylor et al.

Entitled: ACTIVATION OF REGULATORY T CELLS BY ALPHA-MELANOCYTE STIMULATION HORMONE

Transmitted herewith is a **Preliminary Amendment** in the above-identified application. The following checked items are applicable:

[X]   This is a **Request for Continued Examination** under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same ($395.00) per §1.17(e).
    [ ]   Enter the unentered amendment previously filed on _____ per §1.116.

[ ]   A Petition for Extension of Time for ___ month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same ($_____) per §1.17.

[X]   In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.

[ ]   Other:

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	1 - 14	= -0-	x $200.00 =	-0-
Total	3 - 63	= -0-	x $ 50.00 =	-0-
			+ $360.00 =	-0-
[ ] Multiple Dependent Claims (1st presentation)				-0-
				-0-
Small Entity filing, divide by 2. Small Entity status must be asserted.				-0-
				-0-

[X]   No additional fee.   [ ]   The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 ($_____) for the cost of same.

[X]   The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Gerald R. Ewoldt, TC Art Unit 1644, Fax No. (703) 872 9306, on ___May 11, 2005___.

Holliday C. Heine
Attorney of Record: Holliday C. Heine, Ph.D.
Registration No.: 34,346

HCH/raw 321285-1

07/26/2005 GDUCKETT 00000009 230099170
01 FC:2801   395.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number
09/912670

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	59 minus 20=	39
INDEPENDENT CLAIMS	10 minus 3 =	7
MULTIPLE DEPENDENT CLAIM PRESENT		☑

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X$ 9=	351	OR	X$18=	
X40=	280	OR	X80=	
+135=	135	OR	+270=	
TOTAL	1121	OR	TOTAL	

CLAIMS AS AMENDED - PART II

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5/11/05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	63	Minus 59	= 4
Independent	14	Minus 10	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=	36	OR	X$18=	
X40=	160	OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE	196	OR	TOTAL ADDIT. FEE	

BEST AVAILABLE COPY

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	3	Minus 63	=
Independent	1	Minus 14	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875
(Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE